

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000006233

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

**Entity Name:** ACCORD CLINICAL RESEARCH, LLC

**Current Principal Place of Business:**

3635 SOUTH CLYDE MORRIS BLVD.  
800  
PORT ORANGE, FL 32129

**New Principal Place of Business:**

**Current Mailing Address:**

860 PEACHWOOD DRIVE  
DELAND, FL 32720

**New Mailing Address:**

**FEI Number:** 20-5617897

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TREVATHAN, BEN  
860 PEACHWOOD DRIVE  
DELAND, FL 32720 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** TREVATHAN, BEN  
**Address:** 3635 SOUTH CLYDE MORRIS BLVD.  
**City-St-Zip:** PORT ORANGE, FL 32129

**Title:** MGR  
**Name:** BURNS, PAUL  
**Address:** 3635 SOUTH CLYDE MORRIS BLVD.  
**City-St-Zip:** PORT ORANGE, FL 32129

**Title:** MGR  
**Name:** RICCI, DONATO  
**Address:** 3635 SOUTH CLYDE MORRIS BLVD.  
**City-St-Zip:** PORT ORANGE, FL 32129

**Title:** MGR  
**Name:** STELLA, GREGORY  
**Address:** 3635 SOUTH CLYDE MORRIS BLVD.  
**City-St-Zip:** PORT ORANGE, FL 32129

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** BEN TREVATHAN

MGR

03/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date